

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/12/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/01/2024
NAME OF PROVIDER OR SUPPLIER CLARKSON HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1015 MT VIEW RD RAPID CITY, SD 57702		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 1/30/24 through 2/1/24. Clarkson Health Care was found not in compliance with the following requirement: F812. A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 1/30/24 through 2/1/24. Areas surveyed included sufficient staffing, personal care, infection control, and medication administration. Clarkson Health Care was found in compliance.	F 000			
F 812 SS=E	Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced	F 812	Clarkson Health Care operates in compliance with all relevant regulations and professional standards, in a manner that ensures safe and appropriate care, with an emphasis on residents' rights, for all residents that we serve. In regards to F812, specific to Food Procurement, Store/Prepare/Serve-Sanitary. Staff education was completed with all staff presented by Dietary Manager, Director of Nursing and Administrator on 02/07/2024 specific to Food Procurement, Store/Prepare/Serve-Sanitary. Throughout this process, interviews with staff and education it was discovered all food products that were stated to be found unopened or unlabeled had been opened within 48-72 hours and are used on a regular basis. Regarding chemical storage, all chemicals were stored away, unopened and concealed on its own separate metal shelving away from food.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Andrea Knoll, LNAHA

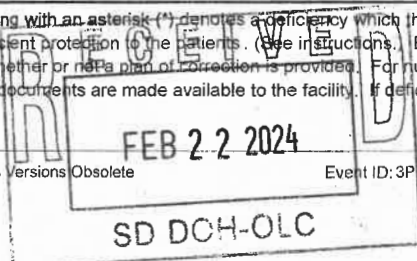
TITLE

Executive Director

(X6) DATE

02/15/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



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NAME OF PROVIDER OR SUPPLIER CLARKSON HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1015 MT VIEW RD RAPID CITY, SD 57702	
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F 812	<p>Continued From page 1</p> <p>by: Based on observation, interview and policy review the provider failed to ensure food items were appropriately packaged and safely stored away from cleaning chemicals in [one of one kitchen]. Findings include:</p> <p>1. Observation on 1/30/24 at 8:00 a.m. in the kitchen revealed:</p> <p>a. In the dry food storage room, the following chemicals were stored on a metal rack alongside metal racks of food: *Prominence Heavy Duty Floor Cleaner *Suma Pan-Clean Detergent *Suma Break Up SC, Heavy Duty Foaming Grease Release Cleaner *Medallion Stainless Steel Cleaner *Suma-Diverpak Dish Detergent *Lime-A-Way Lime Scale Remover *Suma Gloss Concentrated Pre-Soak for silver and stainless steel *Suma Cal X Descaler *Dawn Dish Soap *Monogram Glass Cleaner</p> <p>b. Inside the stand-up freezer there was a bag of frozen donuts that was opened and exposed to the air.</p> <p>c. Inside the upright refrigerator/freezer there were unlabeled and undated frozen bags of pizza, hamburger patties, and chicken nuggets that were opened and exposed to the air.</p> <p>Interview on 1/30/23 at 10:00 a.m. with dietary manager (DM) C regarding the above observation revealed: *The chemicals had been stored since before she had begun her employment. *She thought about moving the chemicals.</p>	F 812	<p>Dietary Manager/designee will audit (started 02/05/2024) Food Procurement, Store/Prepare/Serve-Sanitary food storage shelving for 1 week, and PRN, then 3 days a week for 1 week and PRN, then 1 day a week. for 1 week. and PRN, then 1 day every 2 weeks and PRN, monthly thereafter and report findings to QA committee, until the time at which QA committee determines that the audit findings are satisfactory.</p> <p>Correction completion in labeling and dating all food on 01/30/2024, chemicals were removed from Dry Food Storage room to a secured locked storage room on 02/05/2024. All other areas of dry food storage was audited and found to be in compliance.</p> <p>Addendum 02/22/2024</p> <p>Policies for staff education reviewed on 02/07/2024 Were Food Storage and The flow of food, Purchasing, Receiving and Storage</p> <p>02/07/2024</p>

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F 812	<p>Continued From page 2</p> <p>*She was unsure if there was another location to store those chemicals.</p> <p>*She confirmed the food items observed in the upright freezer and the upright refrigerator/freezer were not dated, labeled, and sealed when they were opened.</p> <p>*It was her expectation that staff would store opened food items in sealed bags that were labeled and dated.</p> <p>Interview on 2/1/24 at 8:10 a.m. with administrator A revealed:</p> <p>*The food storage policy stated that chemicals were to have been stored on a different rack than the food items but did not need to be stored in a different location.</p> <p>*It was her expectation that opened food items be sealed and dated.</p> <p>*The dietary policies were in the process of being reviewed and updated.</p> <p>Review of the provider's undated Food Storage Policy and Procedure Manual revealed:</p> <p>**"4. Chemicals must be clearly labeled, kept in original containers when possible, kept in a locked area and stored away from food."</p> <p>**"14. c. Frozen Foods: All foods should be covered, labeled, and dated."</p>	F 812		

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E 000	Initial Comments A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care facilities was conducted from 1/30/24 through 2/1/24. Clarkson Health Care was found in compliance.	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Andrea Knoll, LNHA

TITLE

Executive Director

(X6) DATE

02/15/2024

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NAME OF PROVIDER OR SUPPLIER CLARKSON HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1015 MT VIEW RD RAPID CITY, SD 57702	
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K 000	INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 1/31/24. Clarkson Health Care was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

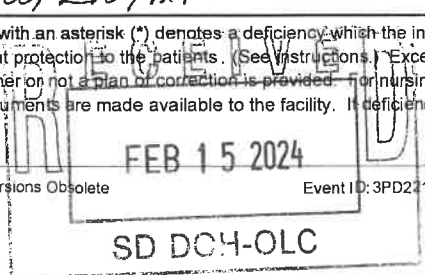
(X6) DATE

Andrea Knoll, LNA

Executive Director

02/15/2024

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South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10666	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/01/2024
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NAME OF PROVIDER OR SUPPLIER CLARKSON HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1015 MT VIEW ROAD RAPID CITY, SD 57702
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S 000	Compliance/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 1/30/24 through 2/1/24. Clarkson Health Care was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted from 1/30/24 through 2/1/24. Clarkson Health Care was found in compliance.	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Andrea Knoll, RN, NHA

TITLE

Executive Director

(X6) DATE

02/15/2024

STATE FORM

6899

MKPT11

If continuation sheet 1 of 1

